Exhibit A

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

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THE CITY OF HUNTINGTON,

Plaintiff,

vs. CIVIL ACTION
NO. 3:17-01362

AMERISOURCEBERGEN DRUG
CORPORATION, et al.,

Defendants.

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CABELL COUNTY COMMISSION,

Plaintiff,

vs. CIVIL ACTION
NO. 3:17-01665

AMERISOURCEBERGEN DRUG
CORPORATION, et al.,

Defendants.

* *

Videotaped and videoconference deposition of DR. MICHAEL SIEGEL taken by the Defendants under the Federal Rules of Civil Procedure in the above-entitled action, pursuant to notice, before Teresa S. Evans, a Registered Merit Reporter, all parties located remotely, on the 6th day of October, 2020.

pharmacies that were located in Huntington, it's -- I believe it's very diff -- there's no real way of knowing what the -- what the service area is for those pharmacies because there's a huge number of pharmacies located in Huntington, and so you can't apply --

The way that I did the -- the methodology that I used is I divided the total distribution by the population of the city or town. But if you do that for Huntington, because there's so many pharmacies, each pharmacy is not supplying the entire City, obviously.

So I would have had to make some assumptions about the -- you know, the percentage of the town that was being -- or of the city that was being supplied, and I didn't feel that I had data to be able to accurately make those assumptions.

So that's why there's an analysis for all of Cabell County and Huntington and then there's an analysis for those pharmacies in the smaller towns where I felt that it was appropriate to be able to make the individual calculations.

Q. So let me be sure I have that. You looked

and break down your answer. You said "We did submit it for publication but the reason it was not -- it was not even sent for review." What does that mean?

A. It means they just rejected it. They weren't interested in publishing it.

Q. Okay.

A. And the reason why I think was that, you know, this is old knowledge -- this is kind of old news. There's already a lot of articles about it, so generally, you know, to publish something, it has to be novel.

Q. Got it. How many journals rejected it?

A. I believe we sent it to three, and then just decided that it just -- it was clear that this wasn't gonna get published.

Q. Did all three journals reject it?

A. Yes.

Q. And this article you have that has been rejected by three journals, is that the only article you've attempted to get published regarding prescription opioids?

A. Yes.

Q. Have you ever been to Huntington or Cabell

you said, "We're going to take the national average," just as you've done, "and say, anything that's more than 50 percent above that, we're going to stop distributing to the pharmacy or Cabell County."

Do you know how many legitimate prescriptions would not be filled at the pharmacy level if it's that cap, if it's zero, hundreds, thousands? Do you know?

A. Zero.

Q. Okay.

A. There's no question that at that level, that is enough opioids to supply all the legitimate -- legitimate medical uses.

Q. Okay. Have you studied the opioid crisis in Huntington or Cabell County in any way before being hired this in this case?

A. No.

Q. Okay. Let's talk about your methodology in more detail. I want to make sure I have just the broad strokes of it, and then I'll dive into the details. You created a benchmark for "oversupply," correct?

A. Well, I wouldn't say that I created it. It

is a standard benchmark that we use in epidemiology to make judgments about whether a data point at a local level is excessive.

Q. You derived a benchmark for "oversupply," correct?

A. Yes.

Q. All right. And the benchmark you derived, you took the total number of dosage units of oxycodone and hydrocodone between 2006 and 2014, which for those nine years was 114 billion, correct?

A. Yes.

Q. And if it helps, I'm looking at page 34 right now of your report, and I can refer you to the pages I'm looking at if that helps. I don't mean to make this a memory test on some of these details.

MR. SCHMIDT: Why don't we put it up too on the screen, please. It's Exhibit 1, page 34.

Q. And so as I understand what you did, Doctor Siegel, is you took that 114 billion dosage units of oxycodone and hydrocodone for the entire United States. You divided those across a nine-year period, and then divided them by 365 days and 235

degree of oversupply, and that was one of my considerations.

Q. You don't -- you don't calculate any kind of averages for urban versus rural versus Suburban areas, correct?

A. No. No.

Q. What I said is correct?

A. Yes.

Q. Okay. You base your population on census data, specifically the 2010 census?

A. Correct.

Q. Why did you use 2010 data for years ranging from 2006 to 2014?

A. Well, for two reasons. One, because it's kind of towards the middle of that range, so it's going to kind of reflect the situation in the middle.

But also because using 2010 is conservative since the population of most of those places went down after 2010.

Q. Okay. Do you know if there were meaningful population changes in years other than 2010 in an upward direction that you didn't consider?

A. Not that I'm aware of offhand.

disorders?

A. Yes.

Q. All right. So let's look at what they found when they looked at NSDUH data. If we could go to page 4, please. Do you see that they have their results?

A. Yes.

Q. And they say, "On the basis of the 51,200 adult respondents to the 2015 NSDUH, we estimated that among civilian, noninstitutionalized U.S. adults aged 18 years or older, 37.8%" "used prescription opioids in the prior year."

Do you see that?

A. Yes.

Q. Were you familiar with that number before I showed it to you?

A. No.

Q. Do you know if -- do you have any reason to question this data?

A. No.

Q. Do you know if you changed your numbers from that 6.9 percent we've been talking about for the prior month to 37.8 percent, do you know how much it would change your numbers?

A. I don't know. But again, I wouldn't do that because I don't think this is the correct -- this is going to greatly underestimate the figure, because it includes all kinds of people who are using it maybe just once or twice for a toothache.

Q. How many people in the 6.9 percent who have used prescription opioids in the past month used it acutely?

A. Well, certainly a lot smaller number than the number of people who have used it in the last year.

Q. How many?

A. That's why -- I don't know. I don't know the number. But that's why it's a better estimate.

Q. Do you know if you backed out acute usage from the 6.9 percent how much that 6.9 percent would drop?

A. I don't know.

Q. Would it go down to 4, 1, something less?

A. I just don't know.

Q. Do you know if you backed out acute usage from those 114 billion dosages that you started with from 2006 to 2014 how much that number would drop, whether it would go down to 50, 25, 1?